

310.318-0203 - Fax 310.372-6186

RECEIVED JUN 0 4 2019 Email: recordsrequest@hermosabch.org

Received By:_	$C \cdot L$	ow	2	
Referred To:	HUD	non	Ill	source.
Date Referred:	1 0	10	1	0

Public Records Request

The City of Hermosa Beach encourages public participation in the governing process and provides reasonable accessibility to all public records except those documents which are exempt from disclosure by express provisions of law or considered confidential or privileged under the law. The City is under no obligation to respond to requests which are not focused or specific. The City may withhold documents which are exempt from disclosure under state or federal law, including the attorney-client privilege or any other applicable privilege. The City, In accordance with Government Code Section 8253(b), has ten (10) days to respond to any request for public documents by Indicating whether or not the documents exist and will be made available. Actual production of the documents may take somewhat longer depending upon their ease of availability and staff workload. To assist us in providing a timely response to your request, please fill out the form below and indicate the specific record/document you wish to review.

Name (please print):	Cli	Email:	. 1				
Troy C	- Skinnes	Troy	a danlaw. com				
Address:			Phone:				
212 marine	Street Soite 1	00	310- 366-6010				
City: Sonta	Montes		310-566-6010 Fax: 310-566-6017				
Record or Document Requ	iested:						
		uested record/docu	ment separately. Please be as specific as				
possible. Non specific inqu	Iries may cause responses to be	e delayed or may a	rove to be burdensome and therefore the				
City may not be able to resp	and (Additional sheets may be	used) Submit all -	equests to the City Clerk's Office.				
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Documents ro	deting to any	Hermosa (Beach City Course				
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Photocopies are \$0.20 per preleased.	page (Malling fee, if applicable is	\$3.00 plus postage	e). Fees must be paid before records are				
I agree to pay all applicable	fees and charges per the City	Council Resolution	of Fees for any copies I request of the				
above mentioned document.	Accepted method of payment:	Cash or check. Cre	dit card accepted in person only.				
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	~		1/4/10				
11-1-6			6/4/19				
Signature			D. C.				
U.g. ratury			Date				
For Departmental Use Only:							
Action Requested:	Action Taken:	By	Date				
Review Only	Document Reviewed		Date				
Coples Requested	Copies Provided		her (Please Explain)				
	Refusal/Reason	0	ilei (Fiesse Explain)				
For City Clerk's Use Only:	-						
Date Requestor Notified	Notified By:	0.	the Phales of the RA II I				
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phone: (310) 566-0010 fax: (310) 566-0017 www.olaniaw.com

FAX COVER SHEET

Date:

June 4, 2019

To:

Record Request City of Hermosa

Receiving Fax Number;

310 372 6186

Re:

Records Request Injury Claims

From:

Olan Law Corporation

Return Phone Number:

(310) 566-0010

Return Fax Number;

(310) 566-0017

Number of Pages:

2

Hard Copy to Follow:

Yes

Comments: